



11/21/2005

PTO/SB/82 (09-04)  
Approved for use through 11/30/2005. OMB 0651-0035  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/841,168
	Filing Date	April 24, 2001
	First Named Inventor	Droge, John C.
	Art Unit	2132
	Examiner Name	Lemma, S.B.
	Attorney Docket Number	35997-217062 (fmr. 230074-0236)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 26694

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number: 26694

OR

☐ Firm or  
Individual Name

Address

City

Country

State

Zip

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Kevin L. Hicks, General Counsel, SafeNet, Inc.

Date

Telephone

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ Total of 1 forms are submitted.